



The Journal

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U.S. Navy photo by MC2 William Phillips



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NSAB Holds 1st Command Picnic

**Photos by MC2 William Phillips and Jeremy Brooks
NSAB Public Affairs**

Sailors, civilians and their families from Naval Support Activity Bethesda (NSAB) gathered June 17 to come together as an organization and build camaraderie. The event was NSAB's first command picnic.

See more photos on pages 6 and 7.



Bethesda Notebook

WRNMMC Change of Authority

A Change of Authority Ceremony for Walter Reed National Military Medical Center is scheduled for June 30 at 10 a.m. in Memorial Auditorium. All are invited to attend.

TeamSTEPPS Training

The two-day TeamSTEPPS train-the-trainer course will be July 6-7 from 8 a.m. to 4:30 p.m. each day. TeamSTEPPS is designed to improve patient outcomes by improving communication and teamwork skills. To register for the courses or for more information, contact Hospital Education and Training (HEAT) at classregistration@health.mil, or call 301-319-5209.

Pre-retirement Seminars

Two-day pre-retirement seminars, open to Walter Reed National Military Medical Center's Department of Defense GS employees planning to retire within the next five years, are scheduled for July 26-27, and Aug. 22-23. Pre-registration is required. Registration forms are available on the National Capital Region, Medical Directorate MD website: <http://www.capmed.mil/>, and on the WRNMMC and Fort Belvoir Community Hospital banners. For more information, contact dha.bethesda.wrnmmc.list.preretirement-seminar@mail.mil.

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Naval Support Activity Bethesda

Commanding Officer: Capt. Marvin L. Jones

Public Affairs Officer: Jeremy Brooks

Public Affairs Office: 301-295-1803

Journal Staff

Managing Editor MC2 William Phillips

WRNMMC Editor Bernard Little

Writers MC2 Kevin Cunningham
Andrew Damstedt
Kalila Fleming
Megan Garcia
Joseph Nieves
AJ Simmons

NSA Bethesda

Fleet And Family Support Center 301-319-4087

NSAB Emergency Info 301-295-6246

NSAB Ombudsman

Dedra Anderson 301-400-2397

NSAB Chaplain's Office 301-319-4443
301-319-4706

Installation SARC

Priscilla DePinto 301-400-2411

Troop Command SARC

Rosemary Galvan 301-319-3844

SARC 24/7 301-442-2053

SAPR VA 24/7 Helpline 301-442-8225

Flag Officers, Senior Enlisted Leaders Offer Career Progression Advice

By MC2 Kevin V. Cunningham
WRNMMC Command Communications

Navy Rear Adm. (Dr.) David A. Lane, director of the National Capital Region Medical Directorate and the Junior Officer Council at Walter Reed National Military Medical Center hosted a flag officer and senior enlisted leadership panel discussion June 1 in Memorial Auditorium at WRNMMC. Panel members discussed and answered questions pertaining to leadership and mentoring during the two-hour forum.

In addition to Lane, panel members included: Air Force Maj. Gen. Dorothy A. Hogg, the Air Force deputy surgeon general and chief of the Air Force Nurse Corps; Navy Rear Adm. (Dr.) Colin G. Chinn, deputy director of the Defense Health Agency; Public Health Service Rear Adm. Joan Hunter, director, Commissioned Corps Personnel and Readiness in the Office of the Surgeon General; Army Brig. Gen. R. Scott Dingle, commanding officer of Regional Health Command-Atlantic; retired Sgt. Maj. of the Army Kenneth O. Preston, who served as the 13th Sergeant Major of the Army from January 2004 to March 2011; and retired Master Chief Petty Officer of the Navy Joe Campa, who served as the 11th Master Chief Petty Officer of the U.S. Navy from June 2006 to December 2008. The panel members offered advice and insight based off their extensive time serving in leadership roles.

Lane started the forum by thanking the panel members for their

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PHOTO BY AUDIOVISUAL, BUMED

A flag officer and senior enlisted leadership panel discuss mentoring, leadership development and career progression during an event hosted by the Junior Officer Council at Walter Reed National Military Medical Center on June 8 in Memorial Auditorium. Panel members included (from left) Navy Rear Adm. (Dr.) David A. Lane, retired Master Chief Petty Officer of the Navy Joe Campa, Army Brig. Gen. R. Scott Dingle, Public Health Service Rear Adm. Joan Hunter, Air Force Maj. Gen. Dorothy A. Hogg, Navy Rear Adm. (Dr.) Colin G. Chinn, and retired Sgt. Maj. of the Army Kenneth O. Preston.

WRNMMC Offers Adolescent Intensive Outpatient Program

By Kalila Fleming
WRNMMC Command Communications

Teens of active-duty service members face unique challenges that make their mental health and well-being more vulnerable, and Walter Reed National Military Medical Center (WRNMMC) is making strides in combating the realities of mental health issues that adolescent military dependents face.

"Military children are faced with unique challenges when compared to civilian children. Military children are more likely to move every few years, and constantly have to adjust to a new community (region, school, peers). In addition, a service member parent may have deployments from home, and these separations from their parent(s) may be stressful for the child and family system," Dr. Uchenwa Okoli, Child and Adolescent Psychiatrist and Director of the Adolescent Intensive Outpatient Program and WRNMMC said.

Public Health Service Lt. Cmdr. (Dr.) Micah Sickel, Deputy Service Chief of the Child and Adolescent Psychiatry Service (CAPS), noted the clinic recently launched the Adolescent Intensive Outpatient Program (A-IOP) for high risk teenagers, ages 13-18 years old, at Walter Reed Bethesda.



PHOTO BY KALILA FLEMING

Public Health Service Lt. Cmdr. (Dr.) Micah Sickel, Deputy Service Chief of the Child and Adolescent Psychiatry Service (CAPS), left, and Army Lt. Col. David Miller, Deputy Chief for Clinical Operations in CAPS and Clinical Psychologist, help launch the Adolescent Intensive Outpatient Program (A-IOP) for high risk teenagers, ages 13-18 years old, at Walter Reed Bethesda.

repeat inpatient or partial hospitalizations, and/or need crisis stabilization and could benefit from more intensive outpatient care," Sickel said.

Traditionally, referrals made to the clinic consist of teenagers struggling with depression, self-injurious behavior, anxiety, impulsive and aggressive behaviors, anger issues, distorted or inaccurate thinking and school difficulties, Okoli explained.

Additionally Okoli mentioned, "[In addition to the A-IOP] The program(s) [we] have in the Child Adolescent Psychiatry Service (CAPS) include individual therapy, family therapy, parent guidance, medication management and neuropsychological testing."

Okoli also noted the learning opportunities that are provided for health

care providers in training, "[Our clinic] is also a primary teaching site for the child psychiatry fellowship program, and there is academic activities occurring on-site daily."

In fall 2015, Army Lt. Col. David Miller, Deputy Chief for Clinical Operations in CAPS and Clinical Psychologist, led the development team for establishing the A-IOP at WRNMMC.

Miller stated, "The program fills a treatment need, saves money, and early outcome data suggests the program is working." He added, "...as far as I know the A-IOP at Walter Reed is the only one of its kind in the DoD and recent comparison of teen completed pre-treatment symptom scores to final session symptom scores revealed statistically significant reductions in depression, anxiety, and anger."

The A-IOP development team was integral with determining the A-IOP mission, curriculum, Standard Operating Procedures (SOP), symptoms screening measures and staff/patient safety.

Additionally Miller stated that ongoing assessment of program efficacy is required, he is hoping the department will share the A-IOP model with other military treatment facilities nationwide.

Both Sickel and Okoli explained what parents should look for if they have a child that is suffering from a mental or behavioral disorder.

"It is important for parents to observe for any changes from their teenagers baseline that may be impairing their functioning at home and school. For example, if your teenager seems more withdrawn, isolated, and sad, or if you teen has severe mood

swings and is engaging in high risk behaviors... families can contact CAPS, and request evaluation by a behavioral health provider," the doctors said.

"Adolescence is a time of identity exploration and autonomy. During this time while adolescents are trying to figure out, 'Who am I?' their executive functioning centers in their brains are still actively developing, placing teenagers at a higher risk for impulsive, poor judgment behaviors," Okoli said.

She added, "Teenagers may also be navigating psychosocial stressors specific to this developmental phase at school, and among peer groups and family."

Both doctors added that the program meets after school from 4:30 p.m. to 7:30 p.m. on Tuesdays, Wednesdays, and Thursdays for three consecutive weeks for a total of nine sessions. The program curriculum also includes a variety of psychoeducational groups such as Suicide Prevention, Resiliency Development, Anger Management, Stress Management and Pet Therapy. Group-focused interventions, team building to improve emotional regulation, as well as coping and problem solving skills are also included in the program sessions.

Okoli expressed that parent involvement is essential in the program, as parents are required to remain on base during program hours and participate in select groups.

For more information, the Child and Adolescent Behavioral Health Clinic is located in the America Zone (Building 19) on the 4th floor or contact the clinic at 301-295-0576.

Segall Receives First Patrick D. Sculley Board of Regents Award

By Sarah Marshall
USU External Affairs

On May 19, in front of a packed auditorium filled with fellow students, family, faculty, staff and alumni, Army Capt. (Dr.) Michael Segall became the first Uniformed Services University (USU) graduate to receive the Patrick D. Sculley DDS Board of Regents Award, presented during the USU Class of 2017 graduation awards ceremony. Sculley, a retired Army major general and former Army Dental Corps chief, also previously served as USU's Southern Region Senior Vice President for University Programs and founding Executive Dean of USU's Postgraduate Dental College (PDC), prior to retiring in the spring of 2016.

The Board of Regents Award is the highest honor a graduating USU student can receive and is presented to one student from the university's PDC, Graduate School of Nursing, School of Medicine, and Graduate Education programs. Recipients must have demonstrated superior academic performance and professional excellence, as well as commitment to serving fellow students and the community. Recipients must be considered a role model in leadership and scholarship, both as an individual and as a team member. The Sculley Award also emphasizes excellence in research.

Segall said the award validated the countless, exhausting hours he devoted



PHOTO BY THOMAS C. BALFOUR

Army Capt. (Dr.) Michael Segall, who recently became the first Uniformed Services University (USU) graduate to receive the Patrick D. Sculley DDS Board of Regents Award, poses for a photo with Dr. Thomas Schneid, Executive Dean of USU's Postgraduate Dental College.

to his endeavors, including his research project, "Shear Bond Strength of Metal Brackets to Zirconia Conditioned with Various Primer-Adhesive Systems," which also recently earned him the American Association of Orthodontists Joseph E. Johnson Award, beating out more than 60 international contenders.

Segall's research project was part of the requirements to earn his Master of Science degree in Oral Biology from USU, and while he was provided a list of research topics to choose from, he said he came up with the idea for this project on his own, based on his previous experience working on adult orthodontic patients. Segall wanted to test the efficacy of adhering brackets onto popular ceramic crowns,

having found that adult patients with braces often have crowns. The traditional approach to attaching braces to a crown involves the use of a metal band, which wraps around the tooth circumferentially. This presents challenges to effective dental hygiene and can lead to a greater risk for gum tissue irritation (gingivitis). He carried out his research in a lab setting by adhering brackets onto the latest prosthodontic crowns, made out of a strong ceramic called zirconia. He tested various primer-adhesive mixtures, and found that those with special compounds that chemically bonded to zirconia, led to better adhering brackets.

He added that these outcomes will need to be tested in a clinical setting, and a challenge will be determining how to effectively polish crowns, post-treatment, returning them back to their smooth surface, but he said, "This is a stepping stone to further projects."

Dr. Thomas Schneid, Executive Dean of USU's Postgraduate Dental College, noted that what Segall has already achieved just one year out of training is incredible and speaks volumes to the synergy between the dental residency programs and the University. He added that Segall's project has the potential to impact not only our military population, but also the civilian population, and quite possibly the industry. "It's very gratifying," he said.

Segall completed his undergraduate

degree in Biology from Boston College in 2008, before graduating in 2012 from the University of Pennsylvania School of Dental Medicine on an Army Health Professions Scholarship. He completed a one-year advanced education in general dentistry residency at Fort Benning, Georgia, followed by his orthodontics residency at Joint Base San Antonio Lackland-Texas. He is currently stationed in Vilseck, Germany, working in the dental clinic on U.S. Army Garrison Bavaria.

The Sculley Board of Regents Award came as a surprise, but, he said, "It's nice to have recognition from your peers and the University." What really gives him satisfaction, though, is serving his country, and giving his best to those who have given so much to our country.

A New Jersey native, Segall was always interested in becoming a doctor. In high school, he had an opportunity to spend time working in his uncle's orthodontics practice, and fell in love with the positive atmosphere. He always had an interest in serving his country, and has looked up to several family members who have served in the military. Becoming an orthodontist in the military seemed to meld those aspirations together.

Further down the road, Dr. Segall would ideally love to open his own practice, and maybe get into teaching one day. But for now, he's concentrating on earning his board certification, and ultimately strives to continue furthering his education.

Wrnmhc Fights Uterine Fibroid Symptoms And Development With I.r. Treatment

By AJ Simmons
WRNMMC Command
Communications

Walter Reed National Military Medical Center (WRNMMC) celebrated Women's Health Week May 15-19, which serves as a yearly reminder to remain aware of the threats to the health of servicewomen and civilians alike.

The Interventional Radiology Department at WRNMMC is one of the many medical departments that continue to develop new medical techniques and procedures to improve the health of women. Currently its sights are set on one specific threat to women's health: uterine fibroids.

Uterine fibroids are benign soft muscle tumors that are typically found in the walls of a woman's uterus. The most common symptom associated with fibroids is varying degrees of pain and discomfort, often during specific situations or activities.

One new and promising development in the interventional radiology field to treat fibroids is called the Magnetic Resonance Guided Focused Ultrasound (MRgFUS), according to Army Lt. Col. (Dr.) Douglas Tilton, an Interventional Radiologist at WRNMMC. WRNMMC

is the only medical treatment facility in the Department of Defense that currently offers this treatment.

Tilton explained that the MRgFUS uses concentrated soundwaves projected from an ultrasound machine to target fibroids from outside of the body. Similar to how a magnifying glass can focus radiation (in the form of light) to a specific point, the MRgFUS focuses radiation from multiple angles to target an exact target—in this case, a uterine fibroid.

"We traditionally have treated uterine fibroids with what's called a uterine fibroid embolization, which is where we go in the arteries, and we cut off the blood flow to the fibroids by embolizing the arteries that lead to the fibroids," said Tilton. "It causes the fibroids to die, and then the body absorbs those fibroids."

Tilton explained that replacing this traditional method of fibroid removal with the MRgFUS significantly improves the safety and recovery time associated with treating fibroids.

"It's non-invasive, patients have a lot less pain, they recover a lot quicker," Tilton said, describing the MRgFUS. "It's a same-day procedure, so you come in and go home on the same day. You can usually go back to work in a couple of days—usually two days or so."

The non-invasive nature of the procedure, coupled with the quick recovery time, is a considerable improvement from the other forms of treatment, Tilton pointed out.

"The other treatments we have, you could have surgery, which it takes a while to recover from any surgery," Tilton said. "Then our uterine fibroid embolization procedure, you usually stay in the hospital overnight, and then it's a couple days of recovery as well."

The ablation of fibroids using the MRgFUS, on the other hand, allows patients to return home on the same day with considerably less pain and discomfort.

Recognized by radiologists such as Tilton for its ability to provide patients with more comfortable treatment, the MRgFUS continues to develop and grow as a form of treatment for uterine fibroids.

"Right now, we have a very specific population that we can treat, which is only about 10 percent of our uterine fibroid patients," Tilton explained. "I think as that technology develops, though, that number of patients will go up and the procedure will become a lot quicker."

Tilton's hopes for the procedure are not limited to uterine fibroids; however, he hopes to see the treatment develop to

the point where it can pass its current limitations to treat other tumors.

"The limitations are where the ultrasounds will go," said Tilton. "We can't focus the ultrasounds through bowel right now. We can't focus it through lung. There are only certain areas in the body we can get to with a focused ultrasound."

"It's definitely next generation kind of stuff...that [allows us] to diagnose and treat without ever going into the body with anything invasive," Tilton explained. "I think over time it's going to become one of the cutting-edge kind of things that, as we develop it, will be really useful for not only women, but [for treating] lots of other tumors and stuff that we have."

Tilton encouraged patients who suffer from uterine fibroids and are interested in the MRgFUS treatment to discuss it with their gynecologist to determine if they are a candidate. He explained that patients typically need a pelvic magnetic resonance image (MRI), which can locate the exact position of fibroids, before they can be treated with the MRgFUS.

For more information about the treatment of uterine fibroids, the MRgFUS or WRNMMC's Interventional Radiology department, call 301-295-4334.

Navy Incentivizes the PRT for Sailors

**From Chief of Naval Personnel
Public Affairs**

The Navy announced several changes Tuesday to its Physical Readiness Program in NAVADMIN 141/17, including an incentive for Sailors to validate one physical readiness test (PRT) each year based on their fitness performance.

Chief of Naval Personnel Vice Adm. Robert Burke said that during his fleet visits he often hears ideas from Sailors on how to improve the Navy's PRT process.

"I want Sailors to know we've heard them," Burke said. "Many Sailors work hard to maintain high levels of physical fitness year-round and I believe this provides an incentive to continue to excel. This effort is aimed at both incentivizing physical fitness and also reducing administrative distractions throughout the fleet."

Those Sailors who pass the body composition assessment (BCA), are within the Navy age-graduated body fat standards, and score an overall "excellent low" or better on the PRT, with no single event lower than a "good low," will be exempt from participation in the next test. These changes will be effective Jan. 1, 2018, but be based on a Sailor's performance during the second PRT cycle of 2017.

All Sailors, regardless of PRT performance will still be required to participate in the BCA each cycle. If a Sailor who is exempt

from taking the PRT fails the BCA, they will be required to participate in the PRT that cycle.

Additionally, the Navy is also eliminating the use of elliptical machines as an alternate cardio device for use because of low-usage across the fleet during the PRT. This decision was based on two factors. First, less than 4 percent of the Navy uses the elliptical for the PRT, and maintaining PRT-compliant elliptical machines was becoming increasingly cost prohibitive. Shifting to non-PRT-compliant elliptical machines will allow for more modern elliptical machines in Navy fitness facilities. While the 1.5 mile run remains the service standard, commanding officers may still authorize the use of approved stationary bikes, treadmills or allow Sailors to swim as alternate cardio.

The Navy is also exempting post-partum Sailors from participating in the physical fitness assessment (PFA) for six months following the Sailors' maternity/convalescent leave. This change reflects an increase to the Navy's increased maternity leave policy of 84 days following child birth. This will ensure Sailors have adequate time to return to weight standards and pass a PRT following a pregnancy.

"We want to ensure our Sailors have adequate time to recover and succeed post pregnancy," said Burke. "This extended time will help Sailors return to fitness levels and standards in a safe and healthy way."



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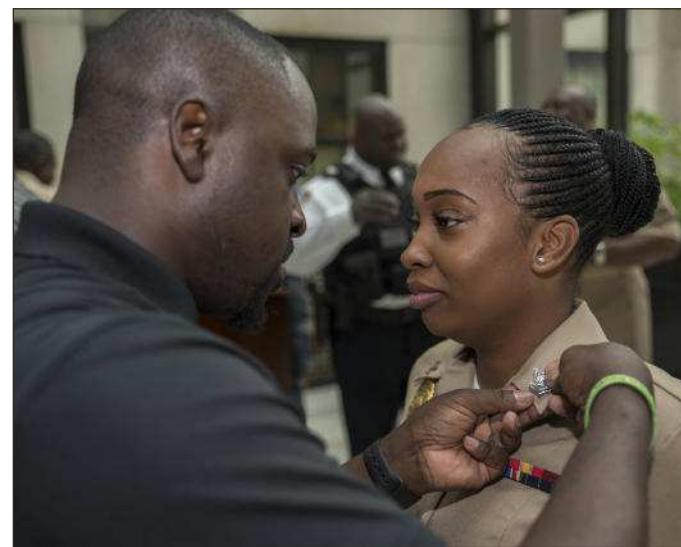
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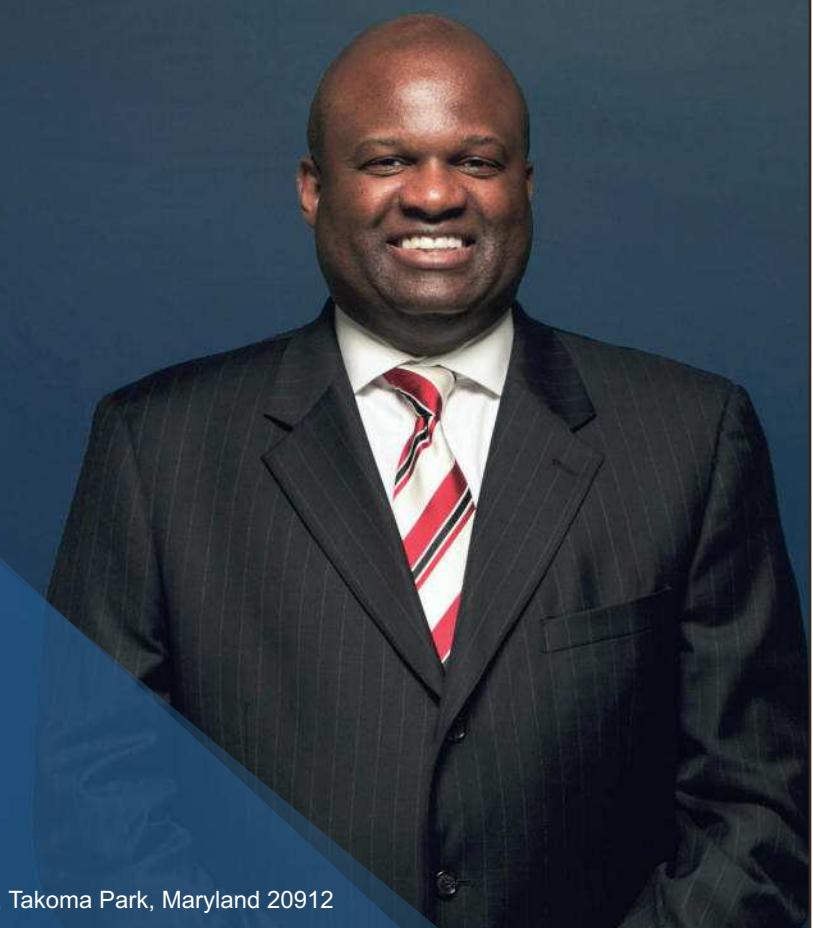
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**Master-at-Arms
2nd Class Shannell
James is frocked
by her husband
Jonathan James
June 16 aboard
NSAB. James was
frocked to petty
officer 2nd class.**



Religious Program Specialist 2nd Class Mauricio Melo recites the oath of enlistment to Naval Support Activity Bethesda (NSAB) Commanding Officer Capt. Marvin L. Jones while reenlisting June 16 aboard NSAB. Melo reenlisted for six years.



7600 Flower Avenue, Takoma Park, Maryland 20912

LEADERS

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participation in the event, and he explained to the diverse audience of service members from all branches and civilians, that leadership applies to all. "No matter if you're a leader at the E-4 level or the O-10 level, your No. 1 job is to take care of your people," said admiral and physician.

Asked to distinguish between leading and managing, Hogg said, "Leadership is about influencing, and management is about doing. They are not interchangeable but they are interdependent. You need to lead to the extent of setting the vision of where the unit needs to go, and manage to the point of reaching it."

Hunter followed along the same lines, stating, "The most important thing a leader can bring to a team is vision. The characteristics of a leader are the same wherever you go. Don't ever compromise the attributes of a leader based off where you are."

When asked to sum up his leadership methodology, Dingle stressed the need of leaders to remember how they got to where they are. "No high-ranking officer gets there on [his or her] own. We rely on those above and below us. To forget that is a detriment to leading. It's about the team and making sure we progress and lead together, not putting your rank or ego first, rather working for others."

Chinn followed up adding, "As a senior leader, I work for everyone. I do everything in my power to make others succeed below me. Following this 'servant leader' philosophy creates a spirit of encouragement and empowers all those you work for. If my team does well, I do well."

A question directed at the two senior enlisted panel members focused how leadership has developed in their more than 20 years of service, and where it needs to develop further.

"I've seen a lot change throughout the years, but the one constant is that technology is always developing," Campa stated. "The challenges of today's leaders are to remain relevant to our younger service members using technology, but also to not rely solely on it. It is imperative to use the technology to complement our leadership but not to let it replace our voice."

"We cannot forget the important role of mentorship in the service," Preston said. "We all can look back at the impact mentors have had in our careers. While I was fortunate enough to have these leaders from an early start in my career, this was not as common as we have made it now. It is impressive and encouraging seeing the level of concern and guidance we provide but it is still a personal imperative for all to reach out and find a mentor, and to mentor others with our life experiences."

The panel was asked about balancing the careers as a medical professional with that of a military leader. "Sometimes it's difficult to take the step of leadership in a clinical atmosphere," said Lane. "We spend a great amount of time qualifying in our field so the hesitation

of taking a leadership position is understandable. Where you get empowered as a leader as opposed to solely being a clinician, is that you can impact the clinical performance and touch the lives of all the patients under your team's care by being an effective clinical leader. You can do more for patients by leading the health-care team in that leadership role."

The JOC consists of junior officers representing every branch of service and promotes an environment of camaraderie and support and provides opportunities for career development through mentorship, leadership and stewardship with a shared desire to positively impact WRNMMC, Naval Support Activity Bethesda, and the off-base community.

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Dietitian Serves Cooking Tips, Healthy Diet Advice

By AJ Simmons
WRNMMC Command
Communications

The monthly presentation offered those in attendance a "how-to" demonstration of cooking flavorful food through the use of healthy vegetables, herbs and spices.

"Everyone knows how to eat chicken and beef," said Jain during her presentation. "Not everyone knows how to use beans and vegetables."

Jain, a lifelong vegetarian, explained that her event helps those in attendance to learn about healthy new recipes and cooking techniques. In particular, she encouraged using the entirety of a food item and avoiding waste.

"Being Indian, you have to understand we don't waste anything," said Jain. She offered audience members ideas for using parts of fruits and vegetables—such as mangoes, tomatoes and asparagus—that are often disposed.

Jain highlighted the pairing of foods such as asparagus, beans and tomatoes with spices such as tarragon and cilantro to create healthy dishes. The two recipes featured for the month were a southwestern salsa and a white bean and asparagus



PHOTO BY AJ SIMMONS

From left, Chef Scott Brooks, Registered Dietitian Asha Jain and 1st Lt. Jessica Teachout presented "Cooking with Spices!" May 19 at Café 8901.

salad with tarragon-lemon dressing.

Jain encouraged audience members to make any of their own alterations to her recipes. She described her recipes as a groundwork and foundation that those in attendance could build on to adjust the dish to their liking.

Jain was not alone in demonstrating her cooking; however, as 1st Lt. Jessica Teachout and Chef Scott Brooks helped to present the recipes and how to prepare them.

"As Spring begins and winter ends,

we begin to change our eating styles," said Teachout, who co-hosted the event with Jain.

Teachout also emphasized the importance of "eating the rainbow," saying, "The different colors of the different foods we eat have different nutrient composition." She explained that the inclusion of these varying compositions helps to maintain a balance of nutrients in our bodies.

Jain expounded on Teachout's point, as she described how different beans and vegetables can help to make up for the nutrients—such as vitamin B12 and iron—that are typically received from meats.

While a registered dietician by trade, Jain said that she is also an avid gardener. She was quick to highlight the many vegetables and spices in her recipes that are easy to grow at home. She also explained the catharsis she feels in gardening. In fact, she hopes to set up a vegetable garden to help wounded warriors in the future.

Jain's "Cooking with Spices!" event has presented new recipes monthly since she started it in October, 2016. Her next presentation on July 17 will feature healthy, summertime cooking options for those in attendance.

South West Salsa

Recipe by Asha Jain

Ingredients:

2 cups Fresh Roma Tomatoes Chopped (1 cup fresh, 1 cup diced — drain the liquid)
1 cup Red Onions — chopped
1 cup Cilantro — chopped
1/2 cup Cooked Corn (fresh or frozen)
1 cup Black Beans (reduced sodium — rinsed, drained)
1 tbsp Lime Juice (fresh)
1 Jalapeno Pepper — chopped
1 tsp Cumin Seeds
1 tsp Sugar (Optional)
1/2 tsp Salt

Directions:

1. Add cilantro, tomatoes, onions, pepper, lime juice, salt, sugar and cumin seeds in food processor. Pulse for a few seconds at a time. Mix until coarse mixture.
2. Cook frozen corn in microwave for a minute or until done.
3. Add corn and black beans to the mixture.
4. Chill for 4-6 hours and serve with baked corn chips.

Note: Makes 3 1/2 cups, serves seven.
Serving size is about 1/2 cup.

Nutrition Facts per Serving:

Calories: 50
Carbohydrates: 10g
Protein: 3g
Sat. Fats: 0g
Cholesterol: 0g
Fiber: 3g
Sodium: 185mg

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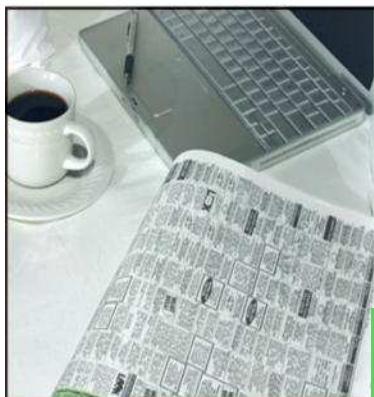
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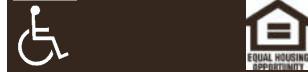
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